

Brokers

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FEE USE WITH FORM PTO-875)				SERIAL NO.	FILING DATE		
				APPLICANT(S)		10/03/829	
				CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							
2							
3	2						
4	3						
5							
6	8						
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48							
49							
50							
TOTAL IND.	1		1				
TOTAL DEP.	7	7	6	6	7	7	7
TOTAL CLAIMS	8	8	7	7	8	8	8

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS